

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043002

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 5583

FILED NOV 16 1962

1. PLACE OF DEATH

a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
2 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Luke's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Johnsonc. CITY
OR
TOWN Overland ParkInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
6028 NewtonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First ALVINA Middle WATTENBERG Last WATTENBERG4. DATE
OF
DEATH Nov. 1, 19625. SEX
F6. COLOR OR RACE
W7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
11-15-18879. AGE (last birthday)
74IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Home11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Wm. F. Hoelzel

13b. MOTHER'S MAIDEN NAME

Marie Gardner

14. NAME OF HUSBAND OR WIFE

Ernest F. Wattenberg15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT
Address
H. W. Wattenberg Overland Park, Ks.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhageINTERVAL BETWEEN
ONSET AND DEATH
48 hoursConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar 12 1962 to Nov 1, 1962 and last saw him alive on Nov 1, 1962
Death occurred at 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or Title)

Hugh W. McCaughey MD

22b. ADDRESS

Missouri Kansas

22c. DATE SIGNED

Nov 2 196223a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal23b. DATE
11-2-196223c. NAME OF CEMETERY OR CREMATORY
Jo Co Mem Gardens23d. LOCATION (City, town, or county)
Johnson County, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Eugene P. Amos Shawnee, Kansas

25. DATE RECD. BY LOCAL REG.

11-3-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Hugh W. McCaughey - MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene P. Amos
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.